

CONTRIBUTIONS OF SOCIALIZATION AND PUBLIC POLICIES TO THE PROMOTION OF HEALTHY AGING: A LITERATURE REVIEW

Contribuições da socialização e das políticas públicas para a promoção do envelhecimento saudável: uma revisão de literatura

Contribuciones de la socialización y de las políticas públicas para la promoción del envejecimiento saludable: una revisión de literatura

Review Article

ABSTRACT

Objective: To analyze the contribution of peer groups and public policies to the promotion of healthy aging. **Methods:** This is a literature review conducted by means of a bibliographic searching in databases available on the internet, such as Virtual Health Library, Scientific Electronic Library Online, and Latin American and Caribbean Health Science Literature, in addition to official documents of national scope, which address the healthy aging considering the public policies and socialization of the elderly in peer groups. **Results:** Initially, 27 articles were found, of which 9 fulfilled the abovementioned inclusion and exclusion criteria. Regarding the official documents, 12 were found and, of these, 10 were related to the main study proposal. The results found in this study showed that the elderly participants of peer groups and physical activity groups are mostly female and retired; furthermore, a majority of them have fewer depressive symptoms, greater life satisfaction and better physical condition. **Conclusion:** Peer and physical activity groups for the elderly are recognized as important spaces of social interaction and socialization of emotions. It was observed that several public policies aimed at promoting healthy aging are adopted in the Brazilian reality; thereby, it was possible to notice that, in these groups, measures proposed in the official documents have been rendered effective.

Descriptors: Health of the elderly; Centers of Convivance and Leisure; Health Behavior; Public Policies.

RESUMO

Objetivo: Analisar a contribuição dos grupos de convivência e políticas públicas na promoção do envelhecimento saudável. **Métodos:** Trata-se de uma revisão de literatura realizada por meio de um levantamento bibliográfico, a partir de bancos e bases de dados disponíveis na internet, a exemplo da Biblioteca Virtual em Saúde, Scientific Electronic Library Online e Literatura Latino-Americana e do Caribe em Ciências da Saúde, além de documentos oficiais, de âmbito nacional, que abordem o envelhecimento saudável a partir das políticas públicas e da socialização do idoso em grupos de convivência. **Resultados:** Inicialmente, foram encontrados 27 artigos; destes, 9 contemplaram os critérios de inclusão e exclusão supracitados. Com relação aos documentos oficiais, foram encontrados 12; destes, 10 se relacionavam com a proposta principal do estudo. Os resultados encontrados apontaram que os idosos participantes dos grupos de convivência e de atividade física são constituídos, em sua maioria, por idosos do sexo feminino e aposentados; além disso, a maioria apresenta menos sintomas depressivos, maior satisfação com a vida e melhor condição física. **Conclusão:** Os grupos de convivência e de atividade física são reconhecidos como importantes espaços de interação social e socialização das emoções. Observou-se que diversas políticas públicas direcionadas à promoção do envelhecimento saudável são adotadas na realidade brasileira; com isso, foi possível notar a efetivação, nesses grupos, de medidas propostas nos documentos oficiais.

Descritores: Saúde do Idoso; Centros de Convivência e Lazer; Comportamentos Saudáveis; Políticas Públicas.

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Received on: 03/20/2016
Revised on: 03/24/2016
Accepted on: 03/30/2016

RESUMEN

Objetivo: Analizar la contribución de los grupos de convivencia y de las políticas públicas para la promoción del envejecimiento saludable. **Métodos:** Se trata de una revisión de literatura realizada a través de una búsqueda bibliográfica a partir de las bases de datos disponibles en la internet como por ejemplo la Biblioteca Virtual de Salud, la Scientific Electronic Library Online y la Literatura Latino-Americana y del Caribe en Ciencias de la Salud, además de documentos oficiales de ámbito nacional que versen sobre el envejecimiento saludable a partir de las políticas públicas y de la socialización del mayor en grupos de convivencia. **Resultados:** Se encontraron inicialmente 27 artículos; de estos, 9 cumplieron los criterios de inclusión y exclusión mencionados. Respecto a los documentos oficiales fueron encontrados 12 artículos y de estos, 10 se relacionaban a la propuesta inicial del estudio. Los resultados señalan que los mayores participantes de grupos de convivencia y de actividad física se constituyen, en su mayoría, de mayores del sexo femenino y jubilados; además, la mayoría presenta menos síntomas de depresión, más satisfacción con la vida y mejor condición física. **Conclusión:** Los grupos de convivencia y de actividad física son reconocidos como importantes para la interacción social y la socialización de las emociones. Se observó que diversas políticas públicas dirigidas a la promoción del envejecimiento saludable son adoptadas en la realidad brasileña; así ha sido posible notar en estos grupos la efectividad de las medidas propuestas en los documentos oficiales.

Descriptor: Salud del Anciano; Centros de Ocio y Convivencia; Conductas Saludables; Políticas Públicas.

INTRODUCTION

Brazil, as the rest of the world, lives an aging process that is related to people's better living conditions, characterized by a decrease in mortality and a decline in fertility levels⁽¹⁾. The epidemiological transition, represented by aging, is a multidirectional process where the individual undergoes many physiological, psychological and social changes⁽²⁻⁶⁾.

Due to shifts in the perceptions of aging, the 90s of the last century brought with it a series of debates addressing the concept of active aging. According to the World Health Organization, active aging involves measures that seek to promote healthy aging⁽⁷⁾. Such measures minimize the aging impacts on daily life, and provide greater participation of the elderly in peer groups, enabling better health and greater awareness of their role in the society^(3,4,8).

Given this, and considering that the Brazilian society is experiencing a process of demographic change, with a more active elderly population and attentive to their rights, the demand for more comprehensive public policies that address the needs of this segment of the population has increased⁽⁹⁾.

In Brazil, one of the most important landmarks of the elderly protection policy was introduced by Law 8842/94, which provides for the National Policy for the Elderly (*Política Nacional do Idoso - PNI*) and creates the National Council for the Elderly. However, only in 1999, by means of Ordinance 1395, which approves the National Policy for the Elderly Health, healthy aging began to be contemplated in Brazilian official documents. From this Ordinance, several other documents have allowed further discussion on active aging, and have also proposed effective measures for its accomplishment^(10,11).

Thus, public policies emerge as official texts likely to stimulate and propose changes to the benefit of the elderly population^(10,11). Based on this questioning, this study aims to analyze the contribution of peer groups and public policies in promoting healthy aging.

METHODS

This is a literature review, conducted through a literature survey from banks and databases available on the Internet, such as the Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO) and Latin Literature American and Caribbean Health Sciences (LILACS) as well as official documents, nationwide, addressing the theme "elderly and healthy aging".

The Descriptors in Health Sciences (DeCS) used for this research were "health of the elderly", "elderly", "aging", "recreation and leisure activities centers", "healthy behaviors" and "public policies", presented in the languages English, Portuguese and Spanish, crossed or isolated. The search for articles and official documents was performed in the period from May to August 2015 by all researchers. The articles identified by the search strategy were initially evaluated by reading the titles and abstracts, for further analysis of the article in full. All texts were evaluated by two trained researchers.

In this review, the inclusion criteria were: studies with full text available, published in the between from 2011 to 2015, and documenting healthy aging experiences from the socialization of the elderly in peer groups, restricting the publications to those addressing intervention projects within the Brazilian reality, in Portuguese, English and/or Spanish. Monographs, dissertations, theses and bibliographic reviews were excluded from the study, as well as duplicate texts in more than one database.

With respect to official documents, the study included texts referring to the regulation of policies for the elderly, involving the themes health and healthy aging. For these documents, the research used no time limit. An instrument was developed, composed of the following items: author/year, objective, study population and results. The selected

articles were read and then, information was presented in a table, resulting in three themes: physical characteristics, psychosocial characteristics and legal aspects of aging.

RESULTS

Initially, 27 articles were found; of these, 9^(8,12-19) met the above-mentioned inclusion and exclusion criteria. With respect to official documents, 12 were identified; of these, 10^(10,11,20-27) were related to the main proposal of the study.

The scientific papers and official documents were organized and described in Charts I and II, respectively.

As for the year of publication, 2012 represented the apex of publications, corresponding to 33.3% of the articles included in this study. With regard to the objectives of the articles, 90% discuss issues related to the impact of physical activity in their daily life, but also address issues such as feelings and perceptions related to participation in peer groups.

Of the official documents discussed, seven directly address the issue of healthy and/or active aging and three relate to the general rights of the elderly, enabling a correlation to the theme of healthy aging.

DISCUSSION

The understanding of aging goes beyond a numerical and quantitative view; it permeates a social, physiological, economic and environmental look. The results of this study showed that the peer and physical activity groups formed by the elderly are mostly composed of retired^(12-14,18) women^(12-15,18), aged under 75 years^(12,18,19), and with low education level⁽¹²⁻¹⁴⁾.

The higher prevalence of women in the studies may be related to the increased longevity of the female population and motivation to participate in activities that promote well-being, unlike the male population, which often show little interest in taking care of their own health, a fact that is commonly associated with the socio-cultural characteristics of a society that does not allow the man to be sick or assume any fragile condition^(12-14,18,28). One of the proposals established aiming to change this situation is the National Men's Health Policy, which aims to promote, prevent, assist and recover the health of the male population, considering its determinants and health conditions⁽²⁸⁾.

Studies have shown that part of the retirement pension payouts is allotted to the purchase of medicines and to support the family, therefore, evidencing a context of family dependence^(12,13). Other retirement-related impasse is the disruption to the busy life of the worker, since their removal from labor activities may generate feelings of isolation and

loneliness⁽¹⁴⁾. The increased participation of elderly people under the age of 75 years in peer groups may be related to the presence of lower functional capacity and greater limiting condition among older seniors^(12,18).

Three of the investigated studies have pointed that older people commonly reside together with their family members and have a satisfying relationship with their family⁽¹²⁻¹⁴⁾. This statement highlights the importance of the family in the social relations of the elderly, as it represents an environment of safety and support in the face of daily adversities⁽¹⁴⁾. In this context, the Statute of the Elderly highlights the importance of the family, along with the community, society and government as responsible for ensuring the rights of the elderly⁽²³⁾.

The peer and physical activity groups for the elderly are recognized as important areas of social interaction and socialization of emotions^(13,14). Thus, the studies included in this review refer to a variety of improvements and changes in the lives of elderly participants in these groups.

For better understanding of the changes observed in the life of the elderly, the discussion of this research was divided into three categories: physical characteristics, psychosocial characteristics and legal aspects of aging.

Physical characteristics

Physical inactivity is a major risk factor for the decline in the functional capacity of the elderly. Given that, physical activity groups emerge as important allies of changes in the lifestyle and maintenance of functional independence, delaying complications that arise from aging^(15,19).

Several studies have demonstrated the importance of physical activity practice among the elderly^(3,14-19). By analyzing a study that addressed the level of quality of life among aged individuals who practice psychomotor exercises, it was observed that the active elderly have higher quality of life and balance, when compared to the inactive elderly⁽¹⁵⁾. Other improvements were also found among the elderly participants of physical activity programs, such as the presence of a higher level of physical activity in daily life, regardless of the day of the week, in addition to a better physical and functional condition⁽³⁾. As to the relationship between postural pattern and level of physical activity in older women, it was found that physically active women had a significantly lower angle of thoracic kyphosis when compared to inactive elderly women⁽¹⁷⁾.

It should be emphasized that the benefits related to the practice of physical exercise are not limited to the physical aspect. Good performance on memory tests and activities of daily living⁽¹⁸⁾, greater enjoyment of life and lower levels of perceived stress⁽¹⁶⁾ have also been found among the elderly practitioners of physical activity.

Chart I - Scientific papers selected. Teresina, PI, 2015.

Author / year	Objectives	Study population	Results
Santos et al., 2011 ⁽⁸⁾	Analyze the feelings of people who experience the aging stage.	Participants of UnATI - Rio de Janeiro.	There was a major concern about taking care of their health. Considerable value to living with friends and to the participation in peer groups (also known as "best-age" groups).
Andrade et al., 2014 ⁽¹²⁾	Investigate the elderly's perception of the peer groups.	Participants from six peer groups in the city of Cajazeiras, PB.	The main reasons cited for seeking groups were loneliness and the need for leisure activities. It was reported that taking part in peer groups led them to change their lives, become more cheerful and active.
Silva et al., 2011 ⁽¹³⁾	Describe the epidemiological profile of the elderly participating in peer groups of the third age in the city of Iguatu, CE.	Participants of the Best-age Group in the municipality of Iguatu, CE.	In self-rated health, most perceive their aging as healthy.
Freitas et al., 2012 ⁽¹⁴⁾	Analyze the identity of the elderly based on the experience of aging, considering the body perception related to the QoL and health.	Participants enrolled in the PAI, in Recife, PE.	Low participation of older people in specific groups of culture, recreation and/or sport and PA. Presence of feelings related to positive sensations of happiness, vitality, calm and tranquility.
Costa et al., 2012 ⁽¹⁵⁾	Investigate whether the QoL level in the third age is influenced by the use of psychomotor exercises as a health education strategy.	G1: participants in PA groups for more than one year. G2: sedentary.	Active elderly have better QoL and balance when compared to inactive elderly. Active elderly show to be quite satisfied in the psychological, environmental and social domains; moreover, they showed a low risk of falls.
Nascimento et al., 2012 ⁽¹⁶⁾	Analyze the impact of practicing sports on two specific psychological aspects: the stress perceived by the elderly and enjoyment of life.	Participants of the U3A-Paraná. (G1: PA practitioners; G2: Non-PA practitioners).	PA practitioners are more likely to healthy aging in the psychological aspects related to life satisfaction and stress, in addition to a lower sense of loss in relation to aging.
Valduga et al., 2013 ⁽¹⁷⁾	Analyze the relationship between the postural pattern and PA level in elderly women.	Participants of the Elderly Health Promotion Project.	Inexistence of correlation between postural pattern and PA level. Physically active women had a significantly lower angle of thoracic kyphosis when compared to inactive elderly.
Campos et al., 2014 ⁽¹⁸⁾	Describe the sociodemographic profile and evaluate the relationship of mutual dependence between the QoL of elderly and PA, before possible determining factors.	Participants in the Gymnastics Group for the Third Age in two cities in Minas Gerais.	More active elderly showed better QoL, absence of depression, family support and greater cognitive ability. Most seniors practiced more PA and performed well in memory tests, depression, and daily life activities.
Ribeiro et al., 2015 ⁽¹⁹⁾	Analyze the sociodemographic, health and behavioral characteristics related to non-participation of older people in activities offered by Proeti Health Program in Uberaba, MG.	Participants and non-participants in activities of Proeti Health Program in Uberaba, MG.	Elderly who do not participate in the activities offered by Proeti Health program showed symptoms, low PA level in leisure and reduced self-efficacy for physical activity of moderate and/or vigorous intensity.

U3A: University of the Third Age (*Universidade Aberta para a Terceira Idade*); PAI: Care for the Elderly Program (*Programa de Atendimento ao Idoso*); PA: physical activity; QoL = quality of life; Proeti: Full-time Education Program (*Programa de Educação em Tempo Integral*).

Chart II - Selected Official Documents. Teresina, PI, 2015.

Law	Law summary	Main Characteristics
Constitution of the Federative Republic of Brazil in 1988 ⁽²⁰⁾	Establishes the Democratic State.	It does not directly address the health of the elderly, but deals with equal rights for all people.
Law 8842 of January 4, 1994 ⁽¹⁰⁾	Provides for the PNI, creates the National Council for the Elderly and other measures.	It does not directly address the healthy aging, but proposes measures for old age with quality, by encouraging the creation of leisure and physical activity programs.
Decree 1948 of July 3, 1996 ⁽¹¹⁾	Regulates Law 8842 of 04 January 1994, which provides for the National Policy for the Elderly, and other measures.	Determines that the Ministry of Health should develop and support prevention programs, education and promotion of health of the elderly, so that they can play their active social role with autonomy and independence. Regulates the community centers.
Ordinance 1395 of December 10, 1999 ⁽²¹⁾	Approves the National Policy for the Elderly Health.	Directly addresses the concept of healthy aging; has the basic purpose of promoting healthy aging, among other actions, and proposes measures to ensure that this occurs.
Ordinance 702, of April 12, 2002 ⁽²²⁾	Provides for the creation of mechanisms for the organization and implementation of State Elderly Health Assistance Networks.	Reinforces the need for adoption of the measures proposed in the PNI, including healthy aging, and creates mechanisms to organize and implement the State Elderly Health Assistance Networks.
Law 10741, of October 1, 2003 ⁽²³⁾	Provides for the Elderly Statute and other provisions.	Regulates the rights assured to the elderly, addresses the importance of ensuring the elderly healthy aging. Points out that the government should support the creation of the University of the Elderly.
Ordinance 399 of February 22, 2006 ⁽²⁴⁾	Discloses the Pact for Life 2006 - SUS Consolidation and approves the Pact for Life Operational Guidelines.	Points out as one of the objectives that make up the Pact for Life the elderly health promotion, through the implementation of the National Health Policy for the Elderly, which has as one of its guidelines the promotion of active and healthy aging.
Ordinance 2528 of October 19, 2006 ⁽²⁵⁾	Establishes the National Health Policy for the Elderly	Discusses measures to promote active and healthy aging, points out the components of successful aging and the guiding principles for comprehensiveness of the actions.
Normative Resolution 265 of August 19, 2011 ⁽²⁶⁾	It provides for the granting of subsidies to beneficiaries of private health insurance plans for participating in Active Aging Promotion programs throughout their life course.	Deals with the subsidy to beneficiaries of private health insurance plans for participating in active aging promotion programs throughout the course of life, as well as financial benefits. Being a model applied to all private health insurance plans, where the operator is not obliged to join the offer and the beneficiaries' participation is optional.
Decree 8114 of September 30, 2013 ⁽²⁷⁾	Establishes the National Commitment to active aging and institutes inter-ministerial committee to monitor and evaluate actions in its scope and promote the coordination of agencies and public entities involved in its implementation.	Deals with the national commitment to active aging through a membership of federal agencies and voluntary cooperation of agencies, entities, whether public or private, and natural persons. These actions are intended to enhance, promote and defend the rights of the elderly.

PNI: National Policy for the Elderly (*Política Nacional do Idoso*)

Psychosocial characteristics

Studies have also verified that the elderly participants of peer community groups demonstrate greater interest in taking care of their own health⁽⁸⁾, in addition to better quality of life^(12,13,18,19), greater satisfaction with aging⁽¹⁶⁾, presence of self-esteem and preserved self-image, among other improvements⁽⁸⁾.

When the relationship between participation in peer groups and the presence of depressive symptoms was evaluated, the elderly participants of those groups were found with better quality of life, greater cognitive ability and absence of or reduced depressive symptoms^(18,19). For the elderly, participation in leisure groups provides greater contact between peers of the same age, enabling exchange of experience, better perception of their own health and life enjoyment^(12,16), a fact corroborated by the literature that points greater satisfaction, and lower stress level and aging-related sense of loss⁽¹⁶⁾.

In a study that aimed to analyze the sociodemographic, health and behavioral characteristics related to non-participation of the elderly in the activities offered by a physical activity program for seniors, it was realized that individuals who participate in peer groups have proved more optimistic⁽¹⁹⁾.

Legal aspects regarding aging

Amid a phenomenon of population aging in the Brazilian society, new demands and needs of this population emerge every day, due to multiple factors. Among them, the presence of a larger number of chronic degenerative diseases, which are frequently associated with disabilities and physical limitations, as well as a larger number of hospitalizations among the elderly^(21,25). Considering so many changes, the need to constantly reformulate the public policies directed at the elderly is evidenced⁽²⁵⁾.

A crucial point for the public policies and for the Brazilian democracy was the 1988 Constitution, which does not directly address the theme health of the elderly, but establishes in its Article 196, the concept of health as a right of all and duty of the State. Thus, by ensuring equitable health for the entire population, it determines the inclusion of the elderly in this guarantee⁽²⁰⁾.

In 1994, by Law No. 8842 the National Policy for the Elderly (PNI) and the National Council for the Elderly were instituted. Through the PNI, it was possible to promote the autonomy, integration and effective participation of the elderly in society. This law addresses the concept of active aging, proposes measures for aging with quality, by supporting the creation of the University of the Third Age and encouraging recreational programs, sports and physical activity for the elderly⁽¹⁰⁾.

The said law was regulated by Decree No. 1948, published on July 3, 1996, and aims to strengthen the measures adopted in the PNI by encouraging the creation of the Community Centers, development of and support for the creation of programs that encourage prevention, education and health promotion, in addition to support for the admission of elderly in universities⁽¹¹⁾.

Ordinance No. 1395 instituted the National Health Policy for the Elderly in 1999. From there, the concept of healthy aging begins to be debated, becoming the basic purpose of this policy. The Ordinance are also pointed out the guidelines for the promotion of healthy aging, which include: adequate and balanced diet, regular physical exercise practice, stimulating social interaction, pleasurable occupational activity, and stress mitigation mechanisms⁽²¹⁾. It is worth noting that such actions have been observed in practice and in the responses obtained in the studies discussed above^(3,14-19).

With Ordinance No. 702, published in 2002, it was possible to create mechanisms for the organization and implementation of the State Elderly Health Assistance Networks and, thanks to it, it was possible to strengthen the actions aimed at increasing the PNI Essential Guidelines, among them, the promotion of healthy aging⁽²²⁾.

Undoubtedly, the most important milestone among the social policies directed at the elderly was the creation of the Statute of the Elderly in 2003. It regulates all the rights ensured to the elderly. With regard to healthy aging, the Statute requires the State to ensure to the elderly protection of life and health, allow a healthy and dignified aging, and support the creation of the University of the Third Age⁽²³⁾.

The Pact for Health, established by Ordinance No. 399 of February 22, 2006, approves the Operational Guidelines of the Unified Health System (Sistema Único de Saúde - SUS) and is divided into three components: Pact for Life, Pact in Defense of SUS and Pact for the SUS Management. In the Pact for Life, one of the main goals is the health of the elderly, through the promotion of active and healthy aging⁽²⁴⁾.

The National Health Policy for the Elderly (*Política Nacional de Saúde da Pessoa Idosa - PNSPI*) was mentioned in the Pact for Life as one of the measures to promote the health of the elderly, being established in 2006, by Ordinance No. 2528. The PNSPI points out, as one of its guidelines, the promotion of active and healthy aging, enabling the maintenance of functional capacity and autonomy. The proposed actions include the facilitation of participation by the elderly, in leisure and peer groups and, implementation of individual and collective assessments that enable the identification of the functional risk of the elderly, among others⁽²⁵⁾.

With the specific aim of dealing with the granting of subsidies to the users of private health insurance plans, when the elderly accepts to take part in Active Ageing Promotion Programs throughout the course of life, the Normative Resolution No. 265/2011 was proposed. This is a measure for health promotion, which arises as a duty of the private health service. It is noteworthy that the operators of private health insurance plan are not required to join this offer, as well as it is optional the participation by the user⁽²⁶⁾.

Decree No. 8114/2013, which establishes the National Commitment to Active Ageing, is closely linked to healthy aging, and is intended to propose the creation of propitious environments for its effectiveness, encouragement to family support and community and intergenerational sociability, following the axes of empowerment and protagonism, promotion and defense of rights, information and training⁽²⁷⁾.

The main limitation observed in the construction of this review is related to the diversification of data processing in the studies analyzed. This difficulty, however, did not invalidate this research. It is noteworthy that more studies are needed to prove the benefits of peer groups, physical activity and public policies to the promotion of healthy aging.

CONCLUSION

From this study, it was possible to observe the impact of healthy aging proposals, whether through peer groups or specific physical activity groups, on the health of the elderly, permeating its broad biopsychosocial aspect with features, such as improved quality of life, increased balance, greater concern about taking care of their own health, lower perceived stress and fewer symptoms of depression.

Public policies directed at an active and healthy aging are adopted in the Brazilian reality. Moreover, it is possible to see the effectiveness, in peer and physical activity groups, of certain measures proposed in the official documents. However, one must continue to seek the enactment of policies increasingly targeted at the elderly, recognizing their rights and needs.

Another point to be emphasized is the need for tools that enable the accomplishment of these policies, through recognition of the potential for changes and actions present within peer groups.

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